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Draft short-term country programme document

Togo

Summary

The draft short-term country programme document for Togo is presented to the Executive Board for discussion and approval. The Executive Board is requested to approve the aggregate indicative budget of $2,269,000 from regular resources, subject to the availability of funds, and $2,529,000 in other resources, subject to the availability of specific-purpose contributions, for 2007.

The situation of children and women

1. The situation in Togo over the last five years has remained characterized by a political stalemate which reached its climax in April 2005, as well as by the continued imposition of economic sanctions which have led to a drastic decrease in development aid and a progressive decline in health and education services. Despite this context, there have been a number of positive developments. The under-five mortality rate declined from 141 per 1,000 live births in 1998 to 138.3 per 1,000 live births in 2003. Despite this decrease, an annual reduction of 6.3 per cent in under-five mortality will be required to achieve Millennium Development Goal 4 by 2017. Similarly, the proportion of one-year-olds immunized against measles and of children who have received three doses of the combined diphtheria/pertussis/tetanus vaccine (DPT3) increased from 48 and 59 per cent respectively in 2002 to 70 and 82 per cent in 2005. The eradication of maternal and neonatal tetanus in Togo was also confirmed this year by the World Health Organization

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(WHO) following a survey conducted jointly by the United Nations Children's Fund (UNICEF) and WHO in September 2005. In addition, the results of the national survey on the prevalence of iodine deficiency disorders conducted in November 2005 indicate that iodized salt is available in 92 per cent of households, compared with 75 per cent in 2001, and that the national prevalence of goitre is 2 per cent, compared with 7 per cent in 2001.

2. According to the National AIDS Programme, the rate of HIV infection among the general population decreased from 6 per cent in 2000 to 4.5 per cent in 2004, while for pregnant women in urban areas the rate has varied at the various monitoring sites from between 5.5 and 8.2 per cent in 2003 to between 3.3 and 8.3 per cent in 2004. The net enrolment rate in primary school at the national level increased from 76.2 per cent (81 per cent for boys and 71 per cent for girls) in 2000-2001 to 76.8 per cent (80.3 per cent for boys compared with 73.1 per cent for girls) in 2003-2004, which included a reduction in the gender gap.

3. Concerning protection of women and children, partial data collected by various actors are available. They suggest an increase in the phenomena of trafficking, sexual exploitation and abuse, violence and marginalization of children infected with HIV/AIDS, although this is not sufficiently documented. The only reference study conducted in this area in 2002 concluded that 77 per cent of the children interviewed had been victims of physical violence, most often committed in the school or family setting.

Programme of work 2007

Summary budget table

(In thousands of United States dollars)

Programme	*General resources*	*Supplementary funds*	*Total*
Health and nutrition	850	1 264	2 114
Basic education	350	506	856
Integrated basic services and social planning	475	253	728
Protection and advocacy	375	506	881
Cross-sectoral costs	219	—	219
Total	**2 269**	**2 529**	**4 798**

Preparation process

4. The preparation process for the 2007-2011 programme initiated by the United Nations country team was interrupted in February 2005 owing to the socio-political crisis triggered when the head of State was succeeded following his death after 38 years in power. In the light of the delay in forming the Government following the elections, the lack of direction in terms of national priorities at the time and difficulties in mobilizing partners and in the organization and management of the humanitarian response, the United Nations country team decided to postpone the Common Country Assessment and the United Nations Development Assistance

Framework (UNDAF) process, and instead to prepare a transitional programme for 2007 and a five-year programme for 2008-2012.

Goals, key results and strategies

5. The 2007 cooperation programme is part of the continued implementation of the recommendations of the midterm review of the 2002-2006 programme. In the framework of the national transition process, it will contribute to: (a) accelerating the reduction in infant and child mortality as well as improving school access and retention; (b) strengthening the response to the humanitarian situation caused by the post-election violence of 2005, in particular support for the reintegration of refugees; and (c) fostering the development of a protective environment for children and women. The geographic coverage of the current programme, that is, three of the country's five regions and nine of the 35 prefectures, will be maintained, for a total of 1,620,000 people or 30 per cent of the country's total population.

6. The current programme supports the national objectives of the interim poverty reduction strategy paper approved by the Government in 2004, particularly those relating to health, education and the protection of children. It will also support, in close collaboration with the other partners, the implementation of the national strategic framework to combat HIV/AIDS 2006-2010 and the "Education for all 2005-2015" national plan which was approved in December 2005. The review of prospects for achieving the Millennium Development Goals, the government programme and the head of State's blueprint for society have made it possible to define UNDAF's five priorities for 2007: (a) national reconciliation; (b) gender equality and children's rights; (c) reducing maternal mortality; (d) emergency preparedness and response; and (e) strengthening access to HIV/AIDS prevention, care and treatment services. The programme is consistent with these priorities and covers all the practice areas of the UNICEF medium-term strategic plan (MTSP) 2006-2009. The specific recommendations made by the Committee on the Rights of the Child to the Government following its consideration of the periodic report in January 2005 are addressed by the programme.

Programme components

7. **Health and nutrition**. At the decentralized level, the programme will gradually introduce, in the nine convergence districts, integrated approaches to child survival which have proven impact and cost-effectiveness. The key results expected are: (a) at least 50 per cent of children in the five beneficiary districts of the Community Integrated Management of Childhood Illness strategy, the Accelerated Child Development and Survival Strategy and the Integrated Early Childhood Development policy will be cared for in a comprehensive and integrated manner by health services with improved competencies. This care will include the administration of improved oral rehydration salts as well as zinc. The population of these districts is estimated at 958,000, or 18 per cent of the total population; (b) the immunization rate for the DPT3 and measles vaccines will be increased to 80 per cent in the convergence zones; (c) the breastfeeding rate and the number of eligible children under five who receive a dose of vitamin A will reach 60 and 80 per cent respectively; and (d) the proportion of pregnant women and children under five sleeping under insecticide-treated nets will reach 60 per cent. In addition, efficient mechanisms for the coordination, supervision, monitoring and evaluation of measures for the prevention of mother-to-child transmission (PMTCT) of HIV and

primary prevention of HIV/AIDS will be implemented in five of the nine convergence districts. This will enable: (a) 60 per cent of pregnant women, HIV positive mothers and their children to follow the PMTCT protocol and benefit from services; (b) at least 30 per cent of children screened in paediatric services, including orphans and other vulnerable children to receive adequate care; and (c) 80 per cent of young people and adolescents to have access to the information and services of youth-friendly centres and 50 per cent of them to have the skills to protect themselves against HIV.

8. At the macro level, UNICEF will basically support the implementation of the principal strategies of the national "Children and AIDS" campaign by harmonizing activities with efforts towards universal access to prevention, care and treatment services and situating them within the new national strategic framework to combat HIV/AIDS and sexually transmitted infections. This will result in the elaboration of a budgeted plan and the definition of consensual modalities for moving to the intervention phase. The programme will maintain its comparative advantage in prevention of mother-to-child transmission and will continue efforts to strengthen the technical capacities and institutional environment of the National Council to Combat AIDS and the National AIDS Programme. Efforts will focus on the development of funding proposals aimed at obtaining alternative funding for Togo in order to strengthen action to combat HIV/AIDS and improve access to treatment. Concerning prevention among young people, the programme will contribute to efforts made by lead agencies, such as the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS and the relevant governmental agencies for the national review of life skills teaching, the finalization and approval of the methodological framework for the "peer education" approach and the validation of the analysis of the situation of young people and teenagers, with a view to developing a national HIV prevention plan for young people and teenagers.

9. **Basic education**. The objectives and main aspects of the programme's activities are being maintained as revised after the 2004 midterm review. The main result expected is that 80 per cent of school-age girls in the convergence districts will attend school and receive quality teaching on the same basis as the boys. A national strategy for the optimum development of young children will be designed. Parent skills training and improvement of the functioning of the early childhood education centres will continue within the framework of the integrated development of young children. In addition to the children currently targeted by the programme, at least 3,000 additional children, especially girls, at risk of dropping out or already outside the formal education system will benefit from specific interventions based on strategies to be developed in 2006. As part of the national "Children and AIDS" campaign, UNICEF will support the introduction of the new curriculum including HIV/AIDS and daily life skills, as well as the strengthening of participant capacities. Extracurricular activities will also be promoted, as well as support for schoolchildren affected by HIV/AIDS.

10. **Protection and Advocacy**. One of the recommendations of the midterm review was the establishment of this programme, with a view to addressing the many emerging problems relating to the protection of children. In addition to the establishment of mechanisms to coordinate State and non-governmental actors, key results expected in 2007 include the adoption of legal and legislative texts (Children's Code) and their implementation (Law on Child Trafficking), legal and

social workers who are better-informed about children's rights and who protect children, and families and communities who protect all children in the convergence areas. The qualitative and quantitative studies planned for 2006 on exploitation, violence and sexual abuse, children affected by HIV/AIDS and the reintegration of victims of child trafficking will provide better knowledge of these problems. Support will be provided for: (a) the official adoption and implementation of a national plan of action on children orphaned and made vulnerable by HIV/AIDS; and (b) the definition of a multisectoral coordination mechanism and guiding principles to serve as a frame of reference for all actors in the area of orphans and other vulnerable children. UNICEF's action will take place in the context of partnership and cooperation with other actors (Plan International, International Labour Organization/International Programme on the Elimination of Child Labour and International Federation Terre des Hommes) which under UNICEF's guidance, have been developing rapidly since 2005.

11. **Integrated basic services and social planning**. This programme was formed on the basis of a merger between the community capacity-building programme and the monitoring and evaluation project following the midterm review. Three key results are expected: (a) at least 50 villages with village action plans to address children's concerns will have access to a minimum package of basic services, and will use and manage them rationally; (b) dracunculiasis transmission will be halted through surveillance of areas now free of the disease and the provision of safe drinking water; (c) children's issues will be known and taken into account in planning, programming and decision-making at the national, regional and community levels. UNICEF's action will be consistent with the approach of the United Nations country team aimed at supporting the Government in the development of a triennial investment programme in the health, education, water supply, sanitation and food security sectors and the protection of vulnerable groups, advocacy which takes into account the specific country context in terms of Official Development Assistance will also be carried out in order to fund this programme.

12. Emergency preparedness and response will be systematically integrated into each of these programmes based on the Core Corporate Commitments for Children in Emergencies. Under the coordination of the Country's High Commissioner for Refugees and Humanitarian Action, UNICEF and the other agencies of the United Nations system will provide technical and financial support for the implementation of the national plan of action developed by the Government to prepare and assist with the return and reintegration of internally displaced persons and refugees. UNICEF will support the Government in the development and large-scale implementation of a communications strategy on avian flu appropriate to local conditions while strengthening capacities to provide for the health and well-being of the public, in particular children, by helping them to adopt health and nutrition practices to check the spread of the disease.

Principal partnerships

13. The only new major partnership anticipated will be developed with the collaboration of *Family Health International* of the *United States Agency for International Development*, through its project AWARE, in the field of neonatal mortality reduction, in collaboration with WHO and UNFPA.

Monitoring, evaluation and programme management

14. An end-of-cycle review of the 2002-2006 cooperation programme will be conducted jointly by the Government of Togo and UNICEF in 2007. The results of the third multiple indicator clusters survey now under way will make it possible to strengthen the information environment in which the transition programme will be implemented.